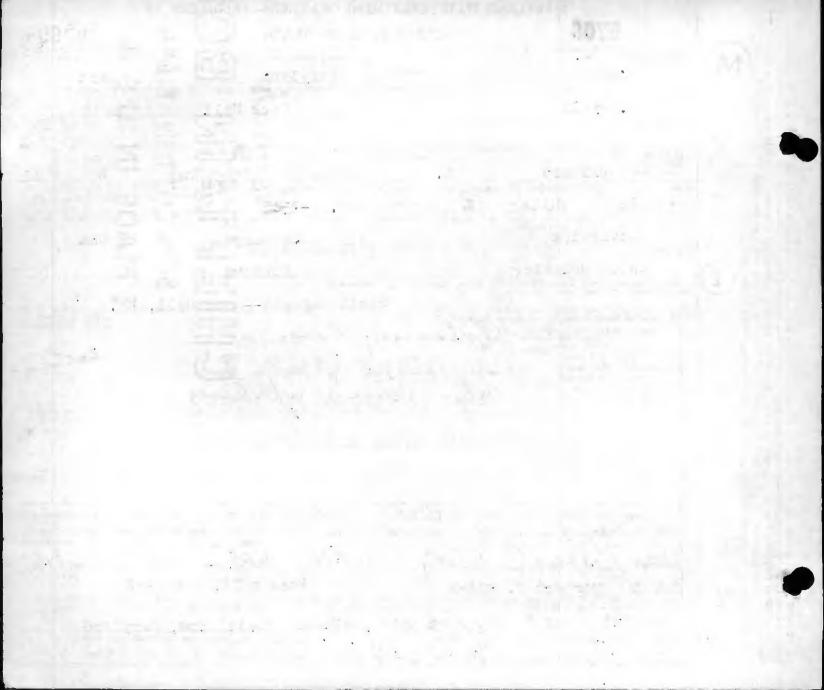
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05699

o. COUNTY SENT MARYLAND O. STATE	YLAND LINITED STATE
RUAL ond give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION 3. NAME OF DECEASED (Type or print) 10a. USUAL OCCUPATION (Give kind of wark dane) during most of working life, even if retired) 113. FATHER'S NAME 114. MOTHER'S MAIGEN 115. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ves. no. of wahnown) 118. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) QO. ACCIDENT WAS UNDERLYING Cause of Death gover in the form of the couse of t	e. IS RESIDENCE ON A FARM? YES NO 19 G PEATH 9. AGE (in years last birthday) Yrs. 19 G Wonths Days Hours Min. Yrs. 12. CITIZEN OF WHAT COUNTRY WHAT D NAME 15 SC 644
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF BECEASED I (Type or print) 10a. USUAL OCCUPATION (Give kind of wark done during mail of working life, even if refired) 11a. FATHER'S NAME 11a. MOTHER'S MANGE 11b. CAUSE OF DEATH [Enter only one couse per life for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Lying couse lost. OR INSTITUTION A MIddle Last WIDOWED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 11a. MOTHER'S MANGEN 11a. MOTHER'S MANGEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Lying couse lost. OR INSTITUTION A MIddle Last WIDOWED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 11a. MOTHER'S MANGEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Lying couse lost. OR INSTITUTION A STREET ADDRESS OR INDUSTRY 11. BIRTHPLACE (Stoke during mother) 12. MOTHER'S MANGEN THE PART II. BIRTHPLACE (Stoke during mother) 13. FATHER'S NAME 14. MOTHER'S MANGEN THE PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Lying couse lost. OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED foctory, street, office bldg., et of work	e. IS RESIDENCE ON A FARM? YES NO 4. DATE OF DEATH 9. AGE (In years lest birthday) Yrs. 19 LOUNTRY 12. CITIZEN OF WHAT COUNTRY WAND NAME 15 SC 644
OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of wark dane) during most of working life, even if refired) 113. FATHER'S NAME 114. MOTHER'S MAIDEN 115. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Vest, no. of whindown) [If yee, give wor or dates of service) 118. CAUSE OF DEATH [Enter only one cause per lime for (a), (b), and, (c).] PART I. DEATH WAS CAUSED 8%: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under lime for (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM YOUR TO CONTRIBUTING CAUSE OF DEATH CAUSE (b) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM YOUR TO CONTRIBUTING CAUSE OF DEATH CAUSE (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM YOUR TO CONTRIBUTING CAUSE OF DEATH CAUSE (c) YOUR TO CONTRIBUTION CONTRIBUTION COURRED (c), street, office bldg., et al. work course of work course (c), street, office bldg., et al.	9. AGE (In years lest birthday) 12. CITIZEN OF WHAT COUNTRY WAND NAME ON A FARM? YES NO 19. AGE (In years lest birthday) 19. AGE (In years lest birthday) 19. AGE (In years lest birthday) 10. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. AGE (In years lest birthday) 14. DATE 15. AGE (In years lest birthday) 16. CITIZEN OF WHAT COUNTRY 17. AND 18. AGE (In years lest birthday) 19. AGE (
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DECEASED (Type or print) Type or print)	9. AGE (in years least birthday) 19 Lor foreign country) 12. CITIZEN OF WHAT COUNTRY NAME 30 CO 44
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18. CAUSE OF DEATH Enter only one couse per lime for (a), (b), and (c).	e 506 CANNON ST. CHESTERTOUN MD
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PART II. DEATH WAS CAUSED BY: DUE TO	INTERVAL BETWEEN
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	Port I or Port II of item 18.)
21. I certify that (1) (this haspital/attended the deceased fram 5/8/6/19	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1
saw the deceased alive an 2/1/19 and that death accurred at 2/20 SIGNATURE	
ATTENDING	M, fram the causes and an the date stated above
22c. PHYSICIAN'S NAME (Type) M. GATEWOOD CHESTE	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL Specify 5-14-61 CHESTER CEMTY	M, fram the causes and an the date stated above
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC	M, fram the causes and an the date stated above AED. STAFF SIGNEL STAF

funeral director, uld be fred with rbon popers. Pages 1 and 2 sho TO FUNERAL DIRECTOR: After this complicate has been signed by the attending physician and gompletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbae papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. by the hospitol or ottending physicion.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

ofter death. Page 4

NR A15 (4)

THE WAR WINDS THE PROPERTY OF THE PARTY OF T BORNER STREET CHESTER LENTY CHESTERTRICK NORTH CONTRACTOR STREET AND AND ADDRESS OF THE STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

	57	11		CERTIF	ICATE	OF DEATH				000	100	
	LACE OF DEATH COUNTY	Kent		MARY		USUAL RESIDENCE (WI o. STATE Maryla:	_	d lived. If institution b. COUNTY	n: Residen		re admiss	ion)
01	CITY OR TOWN (IF RURAL and, give nec nester town	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF of the ster town	outside corpo	prote limits, write R	URAL and	give nea	rest town)
	OR INICITITUTION	n Anne's H				d. STREET ADDRESS RFD#1	1					IDENCE FARM?
1	NAME OF DECEASED Type or print)	Samu	-	Middle Tilde	n	Cooper	4. DATE OF DEATH	Мол 5	th	Do 4		1961
S. S Ma	ex ale	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI		6/20/76		9. AGE (In years lost bythdoy) 84 yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS. Min.
	USUAL OCCUPATIO during most of worki Farmer FATHER'S NAME	N (Give kind of work ing life, even if ratired)	KIND OF BUSINESS OF		Maryland		country)		J.S.		OUNTRY?
13.	Samue	l Gooper				4. MOTHER'S MAIDEN I Adath	a Rasi	in				
(Yes.	NO (III)	IN U. S. ARMED FOR f year, give were or delete of the first only one community on the community of the commu	2: use per li	SOCIAL SECURITY NO 15-38-123 ine for (o), (b), and (c). ronary infa	7 Ber	tha Cooper	Layher	Addi n,RFD#1,C	heste	ONS	Vn Mo	TWEEN
	Canditions, if on gave rise to in couse (o), stating I lying cause last.	y, which (b	år	teriosclero	sis					15	ў уег	rs
CATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	EN IN PAR	PT 1(a) 1	PERFC YES _	RMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (6	inter nature of injury in	Part I or Pa	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	' Month, Doy, Ye	While at war			OF INJURY (Home, form, street, affice bldg., etc		y or town)	(County)		(State)
	21. I certify that	***) attend 5/	ded the deceased 319.61, and		4/12 19 th accurred 2:1 0.			, 196 d an the			
9	22o. SIGNATURE		(li	Moil	M.D	ATTENDING M	AED.	STAFF PHYS.	5/	4/61		SIGNED

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offse. Geoth. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 by the hospital or ottending physician. moy be

ofter death. Page 4

TO HOSP VR A1S (4) 1SM 9/59

A. C. Dick, M.D. BURIAL, CREMATION. 23b. DATE THEREOF

liams

SIGNATURE!

22c. PHYSICIAN'S

24. FUNERAL DIRECT

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY Chester Cemetery

ADDRESS

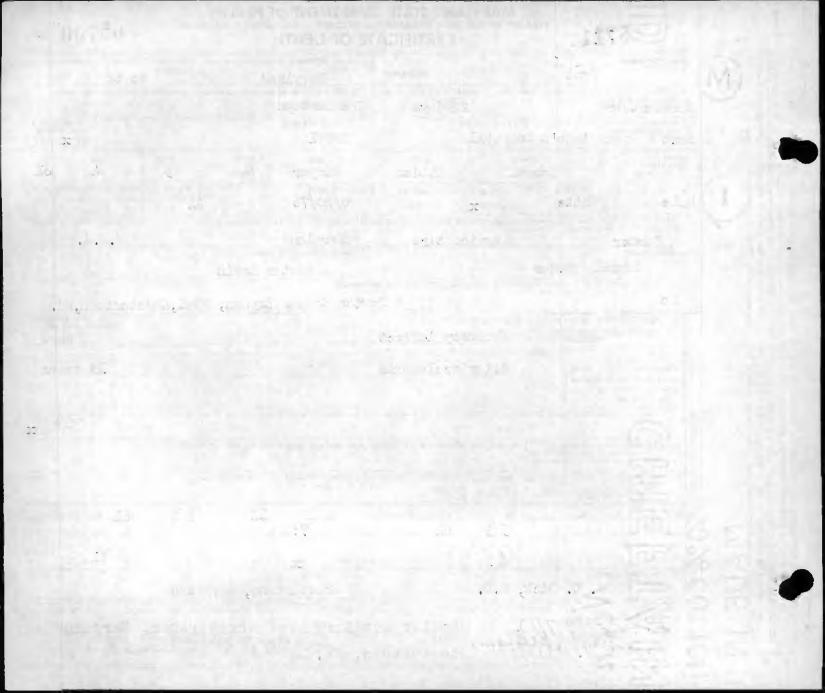
Chestertown, Maryland 23d. LOCATION (City, town, or county)

(Stote)

Chestertown, Md. DATE

22d. ADDRESS

Chestertown, Maryland
REGISTRAR'S SIGNATURE
8 61 Culling & Huma 250. REC'D BY REGISTRAR



after death. Page #

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 haurs after death,

22c. PHYSICIAN'S

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

5 7	712	CERTIFICA	TE OF DEATH	0.0
1. PLACE OF DEATH a. COUNTY	Kent	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: R a. STATE Maryland b. COUNTY	esidence before admissi Kent
RURAL and give		adult life	c. CITY OR TOWN (If outside carporate limits, write RURAL Chestertown, Md.	and give nearest town

NOLLE	MARTIANU	mary	land	Ker	nt
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	sutside carporate limits, write R	URAL and give	nearest town)
Chestertown adu	lt life	Cheste	rtown, Md.	3	7
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION ELIT St.		d. STREET ADDRESS E1m St			e. IS RESIDENCE ON A FARM? YES NO TO
NAME OF DECEASED (Type or print) Henrietta Ag	nes Cosden	Lost	4. DATE Mon OF DEATH May 4,		Day Year 19
SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	DIVORCED DIVORCED	Sept. 20, 1	9. AGE (In years lost birthday) 84 yrs.	Months Day	AR IF UNDER 24 HRS. s Hours Min.
Do. USUAL OCCUPATION (Give kind of work done 10b. k during most of working life, even if retired) Housewife	IND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Sloke Talbot			OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Martin Donlin		Mary	Farley		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S Yes, np. of unknown) (If yes, give wor or dates of service) 21		atherine Sh	ort Elm. St.		ertown,
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	o for (a), (b), and (c).]	ure			NTERVAL BETWEEN NSET AND DEATH
	onary artery o	lisease		2	years
gave rise to immediate cause (a), stating the under- lying cause last.	eriosclerosis			1	0 years
PART II. OTHER SIGNIFICANT CONDITIONS CO. Arthritis	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART I(a	19. WAS AUTOPSY PERFORMED? YES NO KEN
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in I	Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. 19 White p. m. 19 of work	Not while fo	LACE OF INJURY (Hame, farm actory, street, office bldg., etc	20f. (City or town)	(Count	ty) (State)
21. I certify that (I) (this hospital) attended saw the deceased alive on 5-3	(9	1-27 death accurred o3:3	59 ta 5-4 M, from the couses an		that (1) (we) lost
22o. SIGNATURE	- ' -7				22b. DATE

SIGNED ATTENDING PHYS. STAFF PHYS. 5/4/61 MED. DIRECTOR

22d. ADDRESS

A. C. Dick NAME (Type) Chestertown, Md.

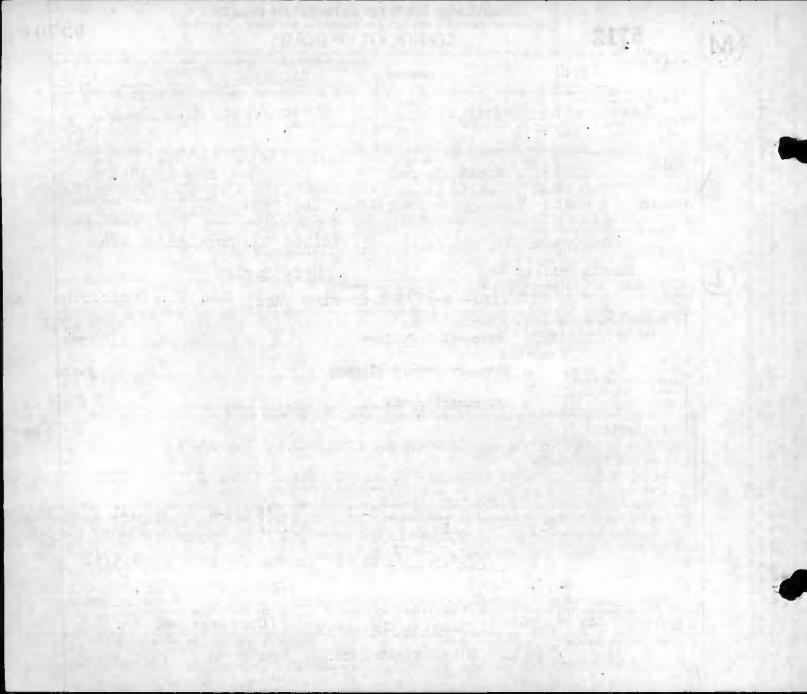
230. BURIAL, CREMATION, 23b. DATE THEREOF BURY 18 1961 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (Stote) Chestertown, Md. Chester Cemetery

ADDRESS 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Chestertown, Md. MAY 8 arthur & Trans

VR A15 (4) 1SM 9/S9

TO FUNERAL DIRECTOR: After this certificate him limin signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with TO HOSPI

by the hospital ar attending physician.



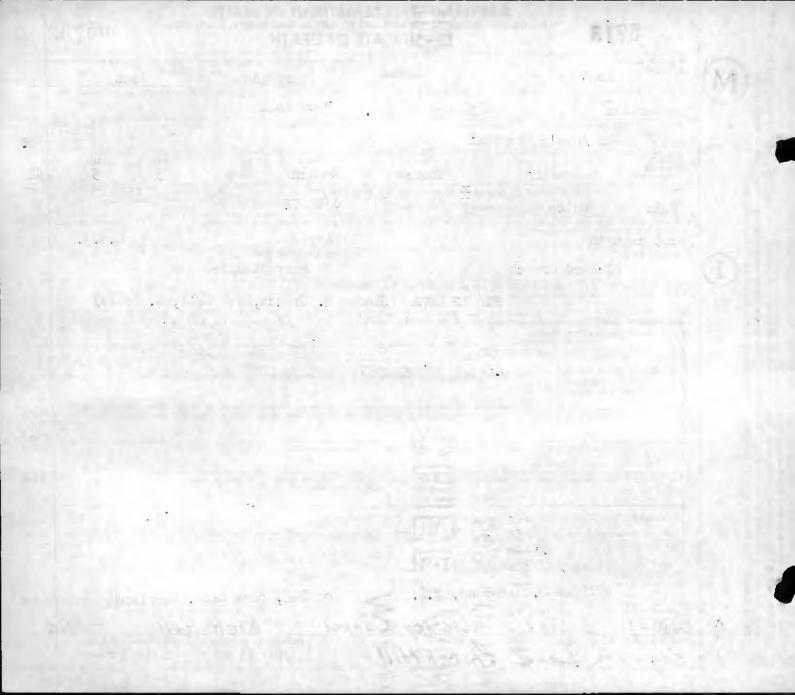
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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U	U	6	1	ĵ	2

S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 6/28/92 9. AGE (in year) FUNDER LYEAR FUNDER 24 FUND														
BURAL ord give morest town Chestertown	1.	a. COUNTY	ent		MARYL	AND	o. STATE		_		Y		ore admis	sion)
KOT & Queen Anne 1s Hospital Share Manife Share Manife Share Shar	0	RURAL and give ne	earest lawn)	ts, write			- 0 -		-	rate limits, write	RURAL one	d give ne	arest taw	n)
DECASED Comparison Compari	K	OP INSTITUTION					d. STREET A	DDRESS					ON A	A FARM?
Male White WIDOWED DIVORCED 6/28/92 both bythdoy) Months Days Mours Mind Mind Mind Mind Mind Mind Mind Mind	3.	DECEASED		iŧ		5	dis		OF					Year 19 61
Maryland U.S.A.	S.				_					lost birthdoy)	Months	_	_	ER 24 HRS Min.
If yes, no, or who nown If yes, give work or deten of service) 218 12 1872 Glady's G. Crouch, Rock Hall, Md. (Wife)	Y	during most of work acht capta i. FATHER'S NAME	ing life, even if retired		KIND OF BUSINESS OF	INDUST	Mary	land MAIDEN I	NAME					COUNTRY
PART 1. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (6)								Croud	h,Rock			ife)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of work of twork of two twork of two twork of two twork of two	NOITA	gave rise to i couse (a), stating lying couse lost.	ny, which (but to the under-	4	CONTRIBUTING TO DEA	TH BUT N	AOT RELATED TO	Lean	H /	Disease CONDITION GI	VEN IN P	ART 1(a)	PERFC	DRMED?
21. I certify that (I) (this hospital) attended the deceased from. 21. I certify that (I) (this hospital) attended the deceased from. 22. I certify that (I) (this hospital) attended the deceased from. 22. I certify that (I) (this hospital) attended the deceased from. 22. I certify that (I) (this hospital) attended the deceased from. 22. I certify that (I) (this hospital) attended the deceased from. 22. I certify that (I) (this hospital) attended the deceased from. 22. I certify that (I) (this hospital) attended the deceased from. 22. I p			AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of	f injury in	Pert I or Port	II of item 1B.)			153	NO
saw the deceased olive on 15 19 and that death occurred of M. M. from the causes and on the date stated about 22a. Signature M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	MFDICAL	20c, TIME OF INJUR Haur a. m. p. m.		While	Nat while					or town)	1	(County)		(State
BREMOVAL (Specify) 5/8/61 Wesley Chapel Rock Hall Modern 250. REC'D BY REGISTRAR'S SIGNATURE	23	22c. PHYSICIAN'S NAME (Type)	villiam M.	Gater	wood, M.D.	that de	ath occurred ATTENDING PHYS. 27d. ADDRE	al al	M, from	STAFF PHYS.	nd on t	he dot	e stotec	d obove Sb. DATE SIGNED
	1	BREMOVAL (Specify)	5/8/61	-	Wesley	C1.	Apel		POC D BY REGIST	K HAL	SISTRAR'S	SIGNATU	PRE	d



FOR STATE HEALTH DEPT.

director, Page 17 vou file and Other file and Other

retained he State E 3 to the the pages 0 form | in Item 18. l-transit p Office burial-t I the word "pending" is Medical Examiner's O should be used as a bu Medical Ex should be u should ial, crem writing Chief age 3 to buril

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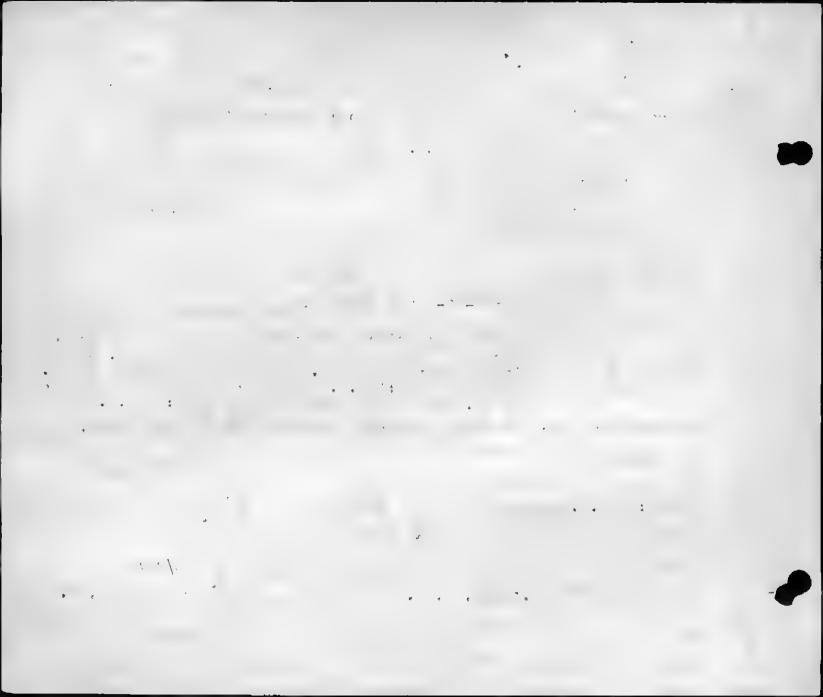
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL PERIOR (C. (Where deceased lived, If institution; Rasidence balora admission) 1. PLACE OF DEATH Film G28 a. COUNTY mh Kent MARYLAND b, CITY OR TOWN (f outside corporata I mils. ' c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and a veineerast lown) write RURAL and give neerest town) Galona (Rurai) near Galena (rural) d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Kent & Queen Anne's Hospital YES X NO [3. NAME OF 4. DATE DECEASED (Type or print) James Allen Green DEATH 19 16. COLOR OR RACE 7. MARRIED . NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years HF UNDER 1 YEAR, NF UNDER 24 HRS. lest birthday) Months male colored | WIDOWED | . DIVORCED [ym.estimate IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) South Carolina (?) farm laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) | (Ifyasgivawarordelasofsarv ca, 27 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). PART I. DEATH WAS CAUSED BY: Probable drowning or asphyxia unknown Deceased was known to suffer from epilepsy. Had 2 seizures previous night. Last seen 12 Noon at lunch. gave rise to immadiata cause Pull to Found about 3:15P.M. lying face down in a puddle of (a), stating the undarlying w ater. Dead on arrival at hospital 4:55 P.M. Upper PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 19. WAS AUTOPSY SPITATORY TRACT INCIUMING PHARYNX CONTAINED MUD & MUDDY WATER PERFORMED? 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20d. INJURY OCCURRED 2Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) (Stata) factory, street, office bldg., atc.) While Not While Galena Kent Maryland Farm 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Accident X death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. BIGNATURE Address (Street, city, fown, or county Chestertown, Md. Robert W. Farr. 228. BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify)



TO HOSPIT

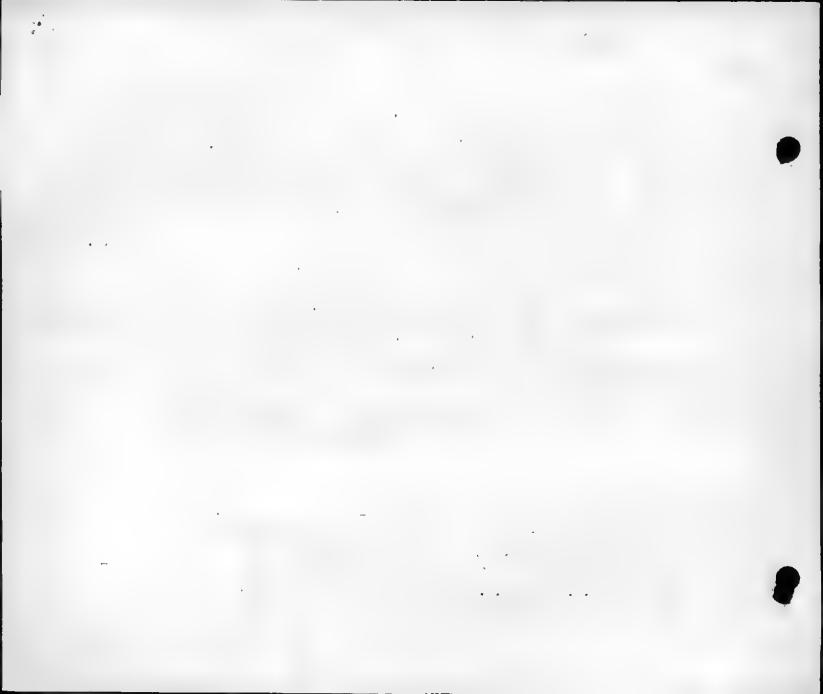
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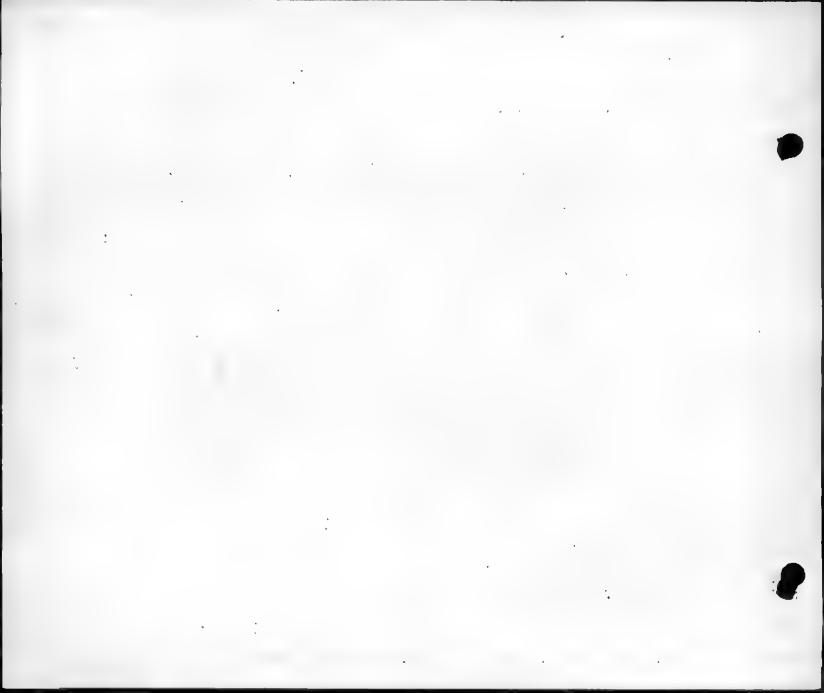
CH4F

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

15704

2112	CERTIFICA	IE OF DEATH		00,004
1. PLACE OF DEATH a. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla:	nere deceased lived. If institution b. COUNTY	n: Residence befare admission) Kent
b. CITY OR TOWN (If outside carporate timils, write RURAL and give nearest town)	e c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If o	utside corporale iimits, write RU	RAL and give nearest town)
Chestertown	20 ½ hrs.	Cheste	rtown	
d. NAME OF HOSPITAL (If not in haspital, give stri OR INSTITUTION	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Kent & Queen Anne's Hos	pital	410 Ca	nnon St.	YES NO YES
3. NAME OF First	Middle	Last	4. DATE Month	/
(Type or print) Ethel	Mae	Hopkins	DEATH May	8 1961
5 SEX 6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last birthday)	Manths Days Hours Min.
Female White WIDO	OWED N DIVORCED	5/6/85	76 yrs.	Multi-
10a USEAL OCCUPATION (Give kind of work done I during most of working life, even if retired)	0b. KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryl	and	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	/ 1
Franklin Pickett		Louise		(unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17 IN	FORMANT	Addre	255
In her or any or some or solved	none R	obert C. Hopk	ins Cheste	ertown, Maryland
18. CAUSE OF DEATH [Enter only one cause pe	r line far (a), (b), and (c).]			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Gerebral thromb	osis		ONSET, AND DEATH
DUE TO				
Conditions, if any, which) (b)	Arteriosclerosis			Years
gave rise to immediate				
lying cause last.				
	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY
ATIC				PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b (DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITION 20 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f (City or town)	(Caunty) (State)
Haur o.m	nile Not while for	clary, street, affice bldg, etc		, , , , , , , , , , , , , , , , , , , ,
	wark at wark	5_1,	<u>51 5_8</u>	61
21 I certify that (I) (this haspital) atte	/3	, 12		, 19, that (I) (we) last
saw the deceased alive an 279	19 • and that a	leath accurred at2:2	M, Mm the causes and	d on the date stated above.
220. SIGNATURE	1	ATTENDING MI	ED STAFF	22b DATE SIGNED
22c PHYSICIAN'S	to the	M D PHYS DI DI 22d. ADDRESS	RECTOR PHYS	>-0-0T
NAME (Type) A.C. Dick, M	.D.		ortown, Maryla	nd
230 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, lawn, a	
Barra May 10, 1	961 Chester	Cem.	Chestertow	n, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
X-Willist Wells	Chestertown	, Md.	MAY 1 0 '61 C	Irling S. Kinese





VS A15 (4) 15M 9/58

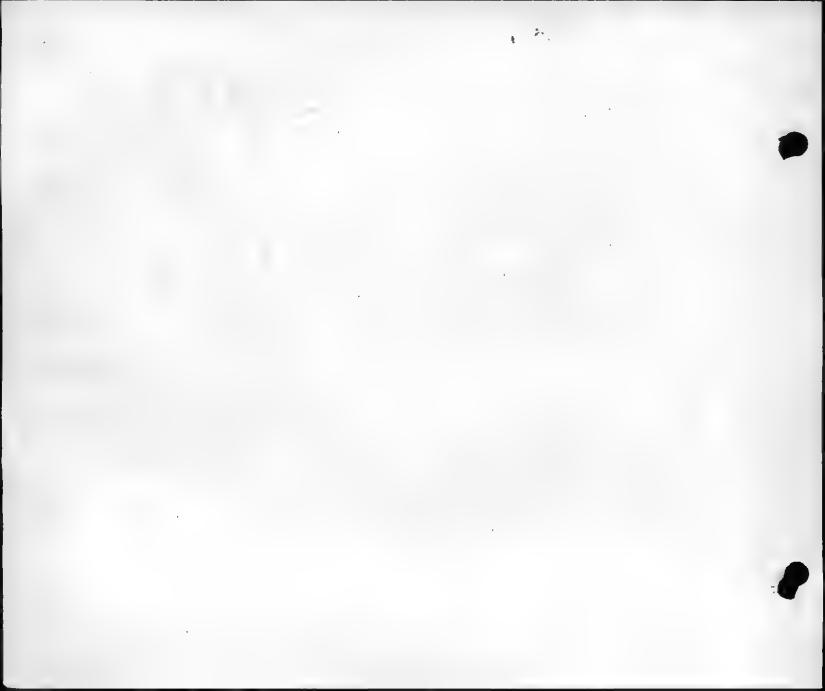
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BLACE OF BEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CER

Reg. Dist. No. (1)	TIFICATE OF DEATH	H Reg. Dist. No. U 5 7	()(
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O COUNTY MARYLANI	o STATE Mandand b. COUNTY Turt
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN II RURAL field give negrest jayo)	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (if not in haspital, give street oddress) OR INSTITUTION	d. STREST ADDRESS d. STREST ADDRESS c. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Aula A. Ale	Lost 4. DATE Month Day Year OF DEATH MACY 6 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Yes Months Days Haurs Min
100. USUA OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR IN during most of working life, even if retired)	10000
13 FATHER'S NAME	May Francis Stivens
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16 SOCIAL SECURITY NO 18 year of date of service) 213-12-3245 CV	1 m Leonary Leary Tuck Half
PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (o)	The state of the s
Canditions if any, which gave rise to immediate cause (a), stating the under.	akout 2 mours
lying cause lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO [X]
OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	RRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 at work at work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 5 localive an 1941, and that dec	, 1941, ta 174, 1941, that I last saw the deceased at a course and an the date stated above ADDRESS (Street, city or town, state) M.D. SOCIAL FROM INC.
PHYSICIAN'S NAME (Type)	
270 BLRIAL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY FEMOVAL (Specify) May 9/4/ Willy C	hapel lim, Tich Hall, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS LACE	oun, Mil DALLAY 1 0.261 Children & Forms

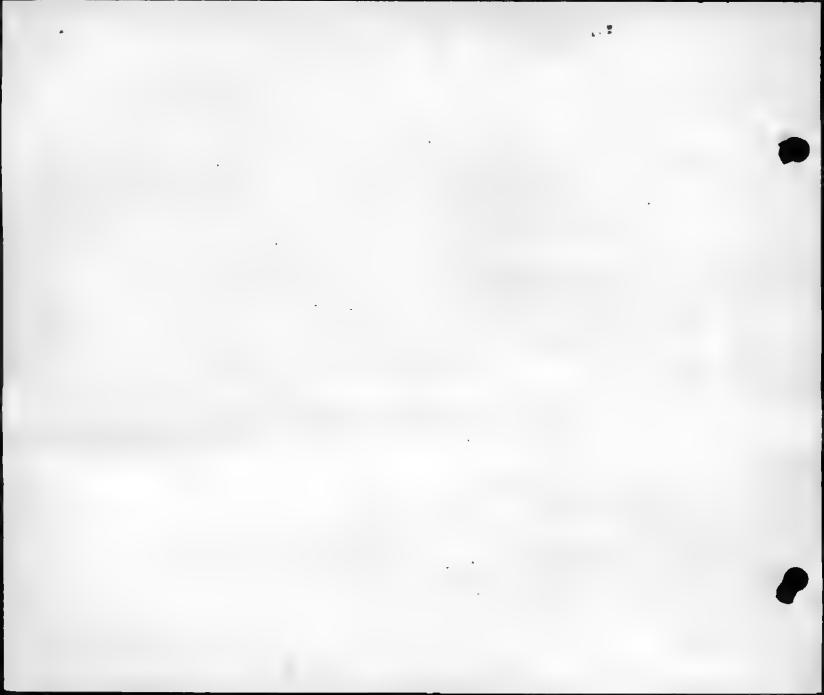


MARYLAND STATE DEPARTMENT OF HEALTH 5718 CERTIFICATE OF DEATH

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1		PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE 0. STATE Mary	(Where deceased lived Finstitut b. COUNT		
	t	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give negrest town) Chestertown	c. LENGTH OF STAY IN 15	MAC CITY OR TOWN	(If outside corporate limits, write nestertown	RURAL and give n	nearest town)
	C	d NAME OF HOSPITAL (If not in hospitol, give str or NSTITUTION Kent & Queen Anne		s STREET ADDRES	High St.		e IS RESIDENCE ON A FARM? YES NO
		NAME OF PURS (Type or print) James	Edward Patric	k Last	of May 15		Day Year
	5 5	malo white	ARRIED NEVER MARRIED	Feb. 7, 1	9. AGE (In years last birthday) 56 yrs	Months Days	AR IF UNDER 24 HRS Hours Min
		USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired) Painter	0b. KIND OF BUSINESS OR INDUS	Kent Co	o. Maryland	12. CITIZEN	OF WHAT COUNTRY?
	13	FATHER'S NAME		14 MOTHER'S MAID			
		McKendree P			y Knotts		
		WAS DECEASED EVER IN U. S. ARMED FORCES? s, no of unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. IN 219-05-6938	Lillian I	Patrick 530 H	""Chest igh St.	ertown,
		18. CAUSE OF DEATH [Enter only one couse pe				110	NTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Coronary Ini	Earct	<u> </u>		2 weeks
		Conditions, if ony, which (b)	Extensive Co	oroary S	Sclerosis		2 yrs
		gove rise to immediate DUE TO					
	,	lying couse last.) (c)					Y
	CATION	PART II. OTHER SIGNIFICANT CONDITION				, ,	PERFORMED?
			ung, Old Thron		liac & Sup. M	esenter	F GEZ MO □
b		20g. ACC.DENT WAS UNDERLYING TO 206. I	DESCRIBE HOM INTOKA OCCURRET	כ (בחופי חסוטופ סו ותוְעוי	y in Port I or Port II of Item 16.)		
	MEDICAL	Hour o.m. W		ACE OF INJURY (Home, story, street, office bldg.	form, 20f. (City or town) , etc.)	(Count	(State)
		21 I certify that (I) (this haspital) att	anded the deceased from _	April 30	1961 10 May 15		that (I) (we) last
2		saw the deceased alive an	and that d	leath accurred at	M, fram the causes a	nd an the da	22b DATE
		62/Lev N=	tan !	77	MED STAFF PHYS	5/15/	. SIGNED
		PHYSICIAN'S NAME (Type) Robert W.	Farr	22d, ADDRESS Ch	estertown, Md	•	
	2 3a	BURIAL CREMATION, 236 DATE THEREOF May 17, 19	61 Chester Co		23d. LOCATION (C by, fown, Chesterto		(State)
	24	FUNERAL DIRECTOR'S SIGNATURE	Chestertown	n Ma		HSTRAR'S SIGNAT	

TO HOSP VR A15 (4) 15M 9/59



	MARYLAND STATE DEPARTMENT OF HEALTH Division to retartistical research and records, 301 W. Preston Street, Baltimore 1, Maryland										
l	MEDICAL EXAMINER'S CERTIFICATE OF DEATH U5708										
	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where daceased lived, if institution Residence before admission) a. STATE **RESIDENCE (Where daceased lived, if institution Residence before admission) B. COUNTY B. COUNTY B. COUNTY B. COUNTY C. COU										
1	b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest lown) While RURAL and give nearest lown) Remarks town (Mile Composite limits, write RURAL and give nearest town) Remarks town (Mile Composite limits, write RURAL and give nearest town)										
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS i o IS RESIDENCE ON A FARM? YES \(\sum \) NOV										
1	3 NAME OF First Middia ast 4, DATE Month Day Year DECEASED 3										
	(Typa or priet) With M M										
	1Da USJAL OCCUPATION (G va kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY										
	13 FATHER'S NAME TO THE TOTAL A TOTAL TO THE TOTAL A TOTAL TO THE TOTAL										
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unknown) [(Ifyesgivawarordetesofservice)] 244 22 22 24 4 4 4 4 4 4 4 4 4 4 4 4 4										
	18. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSE! AND DEATH ONSE! AND DEATH ONSE! AND DEATH										
	DUE TO was working of they up begy while whay laft, complained										
	gave rise to immediate couse (b) Of schildest that it to text at the text at the fact it was alless and (a), stating the underlying										
	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO BEATH BLY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										
	2Da. EXTERNAL CAUSE WAS 2Db. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of itam 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.										
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) (City or town) (County) (State)										
ı	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion										
l	death resulted from, Natural causes, Accident Suicide, Homicide Undetermined manner										
	ACTUAL SIGNATURE ASS.STANT MEDICAL EXAMINER DATE BIGNAD										
	EXAMINER'S 120 13 C RT (1) FART Address (Street, city, lown, or county)										
	Burial CREMATION 226. DATE THEREOF 222. NAME OF CEMETERY OR CREMATORY (22d. LOCATION (CITY TOWN, OF COUNTRY) (State) Burial CEMATION (CITY TOWN, OF COUNTRY) Chesterville Cem. Mulington Rural Md.										
	Codward Fellows. Millington, Mil DATE 29 61 DATE 29 61 DATE										



ADDRESS

Chestertown, Md.

e. IS RESIDENCE

ON A FARMS

YES NO P

Year

19

Worton Md.

PERFORMED? YES NO

(State)

(Stole)

INTERVAL BETWEEN ONSET AND DEATH

USA

(County)

24b. REGISTRAR'S SIGNATURE

Cathan & Kines

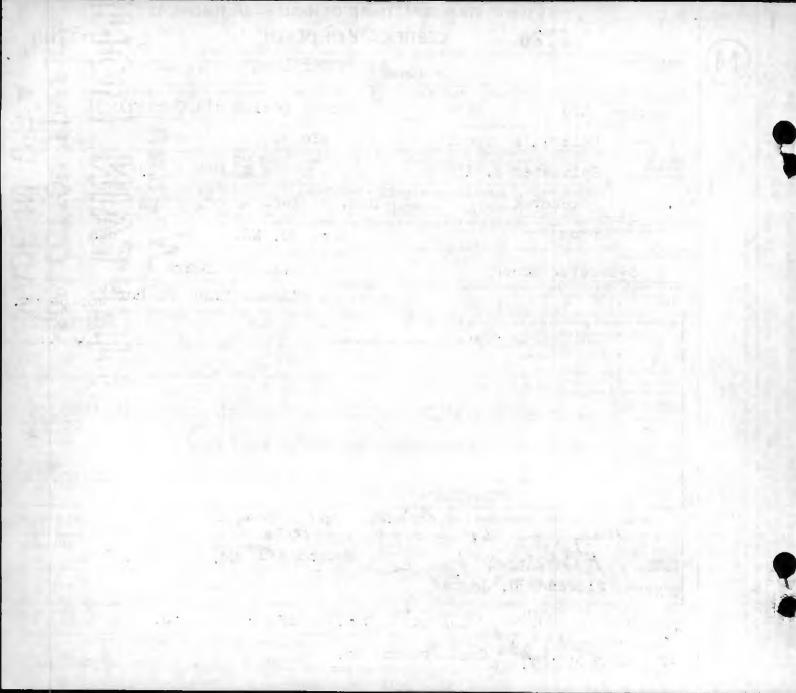
24g, REC'D BY REGISTRAR

'61

DATE MAY 9

TO FUNERAL DIR VS A1S (4) 15M 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE



TO HOUREAL DIRECTOR: After this certificate has been signed by the attending physician.

S. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after result.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		5721		CERTIFICA	ATE C	OF DEA	TH				05	210
1,	PLACE OF DEATH	H			2.	USUAL RES	IDENCE (W	here decess			idence before	edmission
Kent				MARYLA	ND	e. STATE Md. Kent						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)			its, c.	c. LENGTH OF STAY IN 16 c. CI			CITY OR TOWN (If outside corporate limits, write RURAL and give					own)
G	eorgetown	g give neerest town)				Georget	own -	4				
		TAL OR INSTITUTION	if not in hospital,	give street eddress)		d. STREET ADI		200				RESIDENCE
T	Tome							1			YES	N A FARM
-	NAME OF	First		Middle	- 11	Last		ATE	Month	-		901
	(Type or print)	John			Tall	elch		EATH	Mar	ır	27. 1961	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	-	ATE OF BIRTH	-	19. AG		IF UNDER 1 YE		ER 24 HRS.
-	dal.	total 2 days	WIDOWED		Mar	mala 6	1001		birthdey)	Months De	ys Hours	Min.
-	Male USUAL OCCUPAT	White	1 6000	OF BUSINESS OR INI		rch 6,		180	,	1 12. CITIZE	N OF WHAT	COLINTRY
do	one during most of we	orking life, even if relire	ed]				•	1010, 01 10101	in coame);			
	FATHER'S NAME	r cabrant	boat.	Commercia		Marylan Mother's M.	-			U.S.	A.	
10.	TATILE S NAME				14,	WOLLER 2 W	AIDEN NAME					
	aron Welch				20.00	ary Woo	dall					
(Y	es, no, or unkown) (ER IN U.S. ARMED FOR If yes give werer detes of a	RCES? 16. 500	TAL SECURITY NO.					Address			
		L. C.		16-7329	Aaro	n W. We	lch,	Ral	eigh,	North		
		DEATH [Enter only one					413 34		* D		INTERVAL B	
	PART I. DEATH WAS CAUSED BY. Acute Coronary occlusion with Massive infarction ONSENTAL DEATH											
	142011	DUE TO										
	Conditions, if any		kty									
		geve rise to immediate cause (e), stating the underlying DUE TO										
	ceuse lest. (c)											
ATION	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH B	UT NOT RE	LATED TO THE	TERMINAL DI	SEASE CON	DITION GIV	EN IN PART 1		AUTOPSY FORMED?
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206, DESCRIB	E HOW INJURY OC	CURED. (En	ter neture of inj	ury in Part I o	or Part II of it	em 18.)		,	
-			er 1203 INIU	ev Occupeto i 20	a PLACE C	DE INTIDEA (Hou	na farm 1 20	f ICHV or b	nwn)	(County	()	(Stele)
MEDICA	Hour a.m. While Not While factory, street, office bldg., etc.)											
M	p.m. 19 st work st work											
	21. I certify that (I) (this hospital) attended the deceased from 19, that (I) (we) la											
	saw the deceased alive on 19.01, and that death occurred at 17.1M, from the causes and on the date stated above											
	220. SIGNATURE	s. SIGNATURE					ATTENDING MED. STAFF 22b.					
	Walla	ce /VI	renus	rom	M.D.	PHYS.	DIRECT	OR P	HYS.		ta J	8
	22c, PHYSICIAN'S NAME (Type					22d. ADDRES		7/13				
_		ice_Obensha	-			(ma man =)	ecilto			****		
23	REMOVAL Specify	ION, 236. DATE THE	REOF 23	c. NAME OF CEME	TERY OR	CREMATORY	23d	LOCATIO	N (City, tow	n or county)		(Stete)
B	urial	May 30,19	961 6	Seorgetown	Ceme				-	ent Co	_	d.
24	FUNERAL DIRECTO	SIGNATURE	· yn	ADDRESS A	. 4	20 0 25	e. REC'D BY		1			
4	edward	Hellow	15, 11ke	llenglos	41/1	ra' of	ATHUN 1	'61	Chi	hur S. th	au A	

T-0-57.300 TWI I DINY Associate francisco year T(auco Alty) Holow home (I La lawyers outer a wish, Talacher, carticoscolina The second state of the second the tell tipe to the contract of the tell tells.